

## PART B - FEE(S) TRANSMITTAL

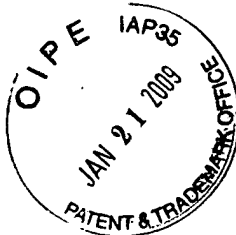
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40570 7590 10/17/2008

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 NEW YORK, NY 10017



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Friedrich Kueffner

(Depositor's name)

*[Signature]*

(Signature)

01/14/2009

(Date)

01/22/2009 SDIRETA2 00000047 10575281

01 FC:1501 1510.00 OP  
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/575,281	12/08/2006	Winfried Bunsmann	BU-18PCT	9458

TITLE OF INVENTION: MOTOR VEHICLE BODY OR SUPPORTING FRAME COMPRISING A VIBRATION DAMPING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAPE, JOSEPH	3612	296-204000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Friedrich Kueffner

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wilhelm Karmann GmbH

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

49084 Osnabrück, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1835 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*[Signature]*

Date 01/14/2009

Typed or printed name

Friedrich Kueffner

Registration No.

29,482

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<i>R Kueffner</i>	(Signature)
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1 **Friedrich Kueffner**

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**Wilhelm Karmann GmbH**

**49084 Osnabrück, Germany**

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Authorized Signature *R Kueffner*

Date **01/14/2009**

Typed or printed name **Friedrich Kueffner**

Registration No. **29,482**

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